

Pennsylvania Department of Environmental Protection

909 Elmerton Avenue Harrisburg, PA 17110-8200 August 5, 1999

Southcentral Regional Office

717-705-4706 FAX - 717-705-4930

NOTICE OF VIOLATION

CERTIFIED MAIL NO. Z 568 381 062

Mr. Robin Thomas Bulova Technologies, LLC 101 North Queen Street PO Box 4787 Lancaster, PA 17604-4787

Re: Noncompliance Hazardous Waste Activity
Bulova Technologies LLC
ID No. PAR000007427
Lancaster City, Lancaster County

Dear Mr. Thomas:

As a result of a hazardous waste manifest review conducted on April 20, 1998, it has been determined that Bulova Technologies, LLC (Bulova) is in violation of the Solid Waste Management Act of the Commonwealth of Pennsylvania (SWMA), Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. Section 6018.101 et seq., and the rules and regulations of the Department of Environmental Protection (Department), as follows:

- 1. Bulova failed to sign and date hazardous waste manifest form PAE5167050, Item 20, to certify that the hazardous waste covered by the manifest was received. A copy of this hazardous waste manifest form is enclosed. This activity is contrary to 25 Pa. Code Section 264.71(b)(1).
- 2. The action and conduct, as described above, constitute a violation of Section 403(a) of the SWMA, 35 P.S. Section 6018.403(a); constitute unlawful conduct pursuant to Section 610(4), (6), and (9) of the SWMA, 35 P.S. Section 6018.610(4), (6), and (9); constitute a public nuisance pursuant to Section 601 of the SWMA, 35 P.S. Section 6018.601, and subject Bulova to civil penalty liability pursuant to Section 605 of the SWMA, 35 P.S. Section 6018.605

In order to achieve compliance with the SWMA, implementation of the following procedure is recommended:

Observe of Section 25, 1999, contact this office to make arrangements to attend a meeting for the purpose of discussing these violations and appropriate penalties.

bcc: Ed Karmilovich, CO
Mike Maiolie, Reading D.O.
File

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Bureau of Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

Form approved. OMB No. 2050-0039 Expires 9-30-96

1	UNIFORM HAZARDOUS PAR DO DE DO 680 0 3 3 1 6						
	3. Generator's Name and Mailing Address BULOVA TECHNOLOCATES L.L.C. 101 N. QUEEN ST. PO. Box 4787			A. State Manifest Document Number PAE 5167050 B. State Gen. ID			
	LANCASTER PA 17604-4787 5. Transporter 1 Company Name BULOVA IECHNOLOGIES LLC P.A.D. D. D. D. B. D. D. B. D.			C. State Trans. ID PA-AH 0493			
	7. Transporter 2 Company Name 8. US EPA ID Number			D. Transporter's Phone (717) 299 - 258/ E. State Trans. ID			
	9. Designated Facility Name and Site Address BULOVA TECHNOLOGIES L.L.C. (BUNKERS) RD#3 MILLWOOD RD.			PA-AH F. Transporter's Phone () G. State Facility's ID			
	WILLOW STREET PA 17584 P.A.R. O. O. O. O. O. 7.4.27			H. Facility's Phone (*717) 464-1/73			
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No.		9	Type	Total Quantity	Unit Wt/Vol	Waste No.
	"WASTE, DETONATORS FOR AMMUNITION 1.18 UN0073 PGIL		7	CM	.60839	P	D.003
- GEZE	WASTE, COMPONENTS, EXPLOSIVE TRAIN, N.O.S. IIB O			CM	121846	Ρ	D003
GENERATOR -	"WATE, DETONATORS, ELECTRIC 1.13 UN 0030 PGII			CM CF	1.86122	ρρ	D003
	WASTE, DETONATORS FOR AMMUNITION 1.48 UN0365			CF	,81659	ρ	D003
	J. Additional Descriptions for Materials Listed Above Lab Pack Physical State Lab Pack a	Physical State		K. Handlin	g Codes for Wastes List	ed Abov	10
	b. d. b. d. 15. Special Handling instructions and Additional Information						
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
	Printed/Typed Name Kobi n E. Thomas 17. Transporter 1 Acknowledgement of Receipt of Materials	Signature John	8.6	hon	us 1	ONTH O:3	DAY YEAR 3: 1 98
TRANSPORTER	Printed/Typed Name	Signature	2 DA			2,3	13 1 98 C
RTER	Printed/Typed Name	Signature				IONTH	DAY YEAR
FACI	19. Discrepancy Indication Space					34	
LIT	20. Facility owner or Operator: Certification of receipt of hazardous materials covered by Printed/Typed Name	this manifest except as note	ed in Item 19.		Α.Α.	IONTH	DAY YEAR
Ϋ́							

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343